	PATENT	ЮR	10/045,790											
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY				OTHER THAN		
TOTAL CLAIMS			T				7	RATI		<u> </u>	OR SMALL ENTIT			
J,	FOR			NUMBER FILED N			MBER EXTRA			FEE	┨	RATE		
TOTAL CHARGEABLE CLAIMS			13-	37 minus 20=		- CATAL		BASIC	-	50.00	OR	BASIC FI	300.00	
INDEPENDENT CLAIMS			3	minus 3 =	•		┨ .	X\$ 25			OR	X\$50=		
M	ULTIPLE DEPE	NDENT CLAIM	<u> </u>	114108 9 2	-نـ		┨	X100	-	:-	OR	X200-		
-	the difference		. 1				J	+180:	-		OR	+360=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL			OR	TOTAL	1.	
0	CLAIMS AS AMENDED - PART II 3 31 (Column 1) (Column 2) (Column							SMAL	LENT	ITY .	OR		R THAN ENTITY	
AMENDMENT A	gna	CLAIMS REMAINING AFTER AMENDMENT		HIGHL NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	AI	DDI- NAL		RATE	ADDI- TIONAL	
	Total	. 22	Minus	- 3	7	-	1	X\$ 25=	_			X\$50a	FEE	
	Independent	• 1	Minus	***	3	-	1.}		/-	$\overline{}$	OR	-//		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X100=	4_	41	OR	X208-		
4	/							+189	1	ノト	OR	+360=		
7	7-10-06 (Column 1) (Column 2) (Column 3)						A	TOTAL DOIT, FEE		\Box	OR A	TOTAL DOIT, FEE		
_	70 0 2	(Column 1)		(Column		(Column 3)	, _				٠			
AMENDMENT B	·	REMAINING AFTER AMENDMENT	·	NUMBEI PREVIOUS PAID FOI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE	VAL		RATE	ADDI- TIONAL FEE	
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									\Box	" -	+360=	1	
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	· .	(Column 1)	_	. (Column	21 (Column 3)	AD	OIT. FEE			'' AD	OIT. FEEL	 }	
AMENDMENT C		CLAIMS REMAINING AFTER.		HIGHES NUMBEI PREVIOUS	T R SLY	PRESENT EXTRA	T	RAȚE:	ADD TION		T	RATE	ADDI- TIONAL	
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	ndependent		Minus	***			\vdash	\$ 25=		_ OF	* L	(\$50=		
1	FIRST PRESEN	TATION OF MU	LTIPLE DE	PEŅDENT CL	AIM		LX	100=	•	OF	i L	200=		
• .H1	the entry in column	•	180=		OF		360= _.							
and i	ine "Highest Numi the "Highest Numi	ber Previously Pal	If the entry in column 1 is less than the entry in column 2, write "o" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE ADDIT. FEE											

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FORM PTO-875 (Rev. 10/04)